2017 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Owner Name	List #						
Mailing Address			Property Lot Map / Lot	ocation			
City/State/Zip			Wap / Lot				
1 Primary Property Use (Check One)	Apartment	Office	Retail	Mixed Use	Shopping Ctr.	Industrial	Other
2 Gross Building Area							
(Including Owner-Occupied Space)			Sq. Ft.		6 Number of Par	rking Spaces	
3 Net Leasable Area			Sq. Ft.		7 Actual Year Bu	uilt	
4 Owner-Occupied Area			Sq. Ft.		8 Year Remodel	led	
5 Number Of Units							
INCOME				EX	(PENSES		
9 Apartment Rentals (From Schedule A)				21 Heating/Air	Conditioning		
10 Office Rentals (From Schedule B)				22 Electricity			
11 Retail Rentals (From Schedule B)				23 Other Utilitie	es		
12 Mixed Rentals (From Schedule B)				24 Payroll (Exc	cept management)		
13 Shopping Center Rentals (From Schedule B)				25 Supplies			
14 Industrial Rentals (From Schedule B)				26 Manageme	nt		
15 Other Rentals (From Schedule B)				27 Insurance			
16 Parking Rentals				28 Common A	rea Maintenance		
17 Other Property Income				29 Leasing Fee	es / Commissions / A	dvertising	
18 TOTAL POTENTIAL INCOME				30 Legal and A	Accounting		
(Add Line 9 Through Line 17)				31 Elevator Ma	aintenance		
19 Loss Due to Vacancy and Credit				32 Tenant Imp	rovements		
20 EFFECTIVE ANNUAL INCOME				33 General Re	pairs		
(Line 18 Minus Line 19)				34 Other (Spec	cify)		
				35 Other (Spec	cify)		
				36 Other (Spec	cify)		
				37 Security			
				38 TOTAL EXI	PENSES (Add Lines	21 Through 37)	
				39 NET OPER	ATING INCOME (Lin	ne 20 Minus Line 3	38)
				40 Capital Exp	enses		
				41 Real Estate	Taxes		
				42 Mortgage P	ayment (Principal an	d Interest)	

SCHEDULE A - 2017 APARTMENT RENT SCHEDULE

UNIT TYPE	NO. OF UNITS		ROOM COUNT		UNIT SIZE	MONTHL	Y RENT	TYPICAL	Complete this Section for Apartment Rental activity only			
Civil I I I	TOTAL	RENTED	ROOMS	BATHS	SQ. FT.	PER UNIT	TOTAL	LEASE TERM	BUILDING FEATURES INCLUDED IN RENT			
EFFICIENCY									(Please Check All That Apply)			
1 BEDROOM									Heat Furnished Unit			
2 BEDROOM									Electricity			
3 BEDROOM									Other Utilities Pool			
4 BEDROOM									Air Conditioning Tennis Courts			
OTHER RENTABLE UNITS									Stove/Refrigerator Parking			
OWNER/MANAGER/JANITOR OCCUPIED									Dishwasher			
SUBTOTAL									Garbage Disposal			
GARAGE/PARKING												
OTHER INCOME (SPECIFY)									Other Specify			
TOTALS												

SCHEDULE B - 2017 LESSEE SCHEDULE

Complete this Section for all other rental activities except apartment rental.

NAME OF TENANT	LOCATION OF SPACE	LEASE TERM			ANNUAL RENT			PARKING		INTERIOR FINISH			
		START	END	SQ.FT	BASE	ESC/CAM OVERAGE	TOTAL	TOTAL PER SQ. FT.	NO. OF SPACES	ANNUAL RENT	OWNER	TENANT	COST
TOTALS													

VERIFICATION OF PURCHASE PRICE

(Must be completed if the property was acquired on or after January 1, 2017)

PURCHASE PRICE	\$	DOWN PAYMENT	DATE OF	DATE OF PURCHASE							
DATE OF LAST APPRAISAL		APPRAISAL FIRM									
						(Check	One) VARIABLE				
FIRST MORTGAGE	\$	INTEREST RATE	%	PAYMENT SCHEDULE TERM	YEARS						
SECOND MORTGAGE	\$			PAYMENT SCHEDULE TERM	YEARS						
OTHER	\$		 %	PAYMENT SCHEDULE TERM	YEARS						
CHATTEL MORTGAGE	\$		%	PAYMENT SCHEDULE TERM	YEARS						
DID THE PURCHASE PRICE INC	CLUDE A PAYMENT FOR:	FURNITURE? \$(Value)	EQUIPMENT?	(Value)	OTHER (Specify)	\$(Val	ue)				
HAS THE PROPERTY BEEN LIS		,		BROKER							
Remarks - Please explain ar	ny special circumstances o	or reasons concerning your purchase (l.e.	, vacancy, condi	tions of sale, etc.)							
BEST OF MY KNOWLED	GE, REMEMBRANCE A	OF FALSE STATEMENT THAT THE FO AND BELIEF, IS A COMPLETE AND T DENTIFIED PROPERTY (Section 12-6	RUE STATEM	ENT OF ALL THE INCOM	E AND						
SIGNATURE		NAME (Pri	.nt)	DA	TE						
TITLE		TELEPHOI	NE								